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APPLICANT  
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\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED PROVISIONAL APPLICATION NO. 60/060,973 10/06/97  
AND A CON OF PCT/US98/20906 10/05/98

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

*wsj* *NONE*

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

*wsj* *NONE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/23/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 0	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 4
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Verified and Acknowledged

*wsj* *Examiner's Initials*

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TITLE  
METHODS FOR TREATING PSYCHOSIS ASSOCIATED WITH GLUCOCORTICOID RELATED DYSFUNCTION

FILING FEE RECEIVED \$986	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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